



01-24-122

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
UNDER 37 C.F.R. § 1.10

"Express Mail" mailing label number: EL880469755US
Date of Mailing: January 18, 2002



I hereby certify that this correspondence is being deposited with the United States Postal Service, utilizing the "Express Mail Post Office to Addressee" service addressed to **Assistant Commissioner for Patents, Washington, DC 20231** and mailed on the above Date of Mailing with the above "Express Mail" mailing label number.

Helena Beckmann (Signature)
Helena Beckmann
Signature Date: January 18, 2002

10054435 011802

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application)	<u>PATENT APPLICATION</u>
)	
Inventor(s):)	
Gideon Bollag et al.)	
)	
SC/Serial No.:)	
Unknown)	
)	
Filed:)	
Herewith)	
)	
Title: Methods and Compositions for Treating)	
Abnormal Cell Growth Related to)	
Unwanted Guanine Nucleotide)	
Exchange Factor Activity)	
)	

APPLICATION TRANSMITTAL LETTER
FOR A DIVISIONAL APPLICATION UNDER 37 CFR §1.53(b)

Box Patent Application
Assistant Commissioner for Patents
Washington, DC 20231

Sir/Madam:

Transmitted herewith for filing is a Divisional patent application identified as follows:

Inventor(s): Gideon Bollag et al.

Title: Methods and Compositions for Treating Abnormal Cell Growth
Related to Unwanted Guanine Nucleotide Exchange Factor
Activity

No. of pages in Specification: 48 ; No. of Claims: 67.

No. of pages of Claims: 8

No. of pages of Abstract: 1

No. of Sheets of Drawings: 8 ; Formal: X.

Enclosed please find the following.

- [X] A copy of a priority application as originally filed.
- [X] A copy of a Declaration and Power of Attorney.
- [X] A copy of an Assignment and Recordation Form Cover Sheet.

The filing fee pursuant to 37 C.F.R. § 1.16 is determined as follows:

No. Filed	No. Extra	Rate Small Entity/ Large Entity		
Basic Fee		\$370.00 740.00	=	\$370.00
Total Claims <u>67</u>	- 20 = <u>47</u> *	X \$ 9.00 18.00	=	\$423.00
Independent Claims <u>13</u>	- 3 = <u>10</u> *	X \$ 42.00 84.00	=	\$420.00
First Presentation of Multiple Dependent Claim(s) <u>1</u>		\$140.00 280.00	=	\$140.00
Total:			=	\$1,353.00

*If the difference is less than zero, enter "0".

- [X] Please charge Deposit Account No. 15-0615 in the amount of \$1,353.00. A duplicate copy of this authorization is enclosed.
- [] A check in the amount of \$_____ to cover the filing fee (\$____), and assignment recording fee (\$40.00), if applicable, is enclosed.
- [X] The Commissioner is hereby authorized to charge underpayment of any additional fees (including those listed below) or credit any overpayment associated with this communication to Deposit Account No. 15-0615. A duplicate copy of this authorization is enclosed.
- [X] Any additional filing fees under 37 C.F.R. § 1.16.
- [X] Any patent application processing fees under 37 C.F.R. § 1.17.

This application is filed pursuant to 37 C.F.R. § 1.53(b) in the name of the above-identified Inventor(s).

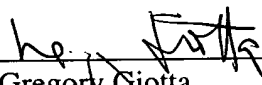
Please direct all correspondence concerning the above-identified application to the following address:

Gregory Giotta, Ph.D.
Vice President and Chief Legal Counsel
ONYX Pharmaceuticals, Inc.
3031 Research Drive
Richmond, California 94806
Telephone: (510) 262-8710

Respectfully submitted,

Date: January 18, 2002

By: _____


Gregory Giotta
Reg. No. 32,028

ONYX Pharmaceuticals, Inc.
3031 Research Drive
Richmond, California 94806
Telephone (510) 222-9700
Facsimile (510) 222-9758